



**F-1**

, 20

LICENSE NUMBER

**INSTRUCTIONS: COMPLETE A SEPARATE SHEET FOR EACH CITY**

WHOLESALE

CITY OR COUNTY SALES MADE IN

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email [excise@mail.dor.mo.gov](mailto:excise@mail.dor.mo.gov). You may also obtain this form from the department's web site at: [www.dor.mo.gov/tax/business/excise/tobacco/forms/](http://www.dor.mo.gov/tax/business/excise/tobacco/forms/). TDD (800) 735-2966

[illegible]

[illegible]